

OFFICE OF PROCUREMENT SERVICES 315 WEST MAIN STREET, SUITE 441 PO BOX 7800 TAVARES FL 32778-7800

PHONE: (352) 343-9839 FAX: (352) 343-9473

www.lakegovernment.com

ADDENDUM NO. 1

Date: September 1, 2015

Invitation to Bid 16-0203

LOBBYIST SERVICES

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum with the initial bid response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid from being considered for award.

This addendum DOES NOT change the date for receipt of bids or proposals.

The purpose of this addendum is to provide answers to various vendor questions under the subject solicitation as follows:

Question 1: Are all insurance minimums and types required?

Answer 1: Yes, all insurance types stated in Section 1.8 of the RFP are required.

Question 2: Is the automobile liability insurance required, even if we do not have a fleet?

Answer 2: The automobile insurance is required for any organization which contracts with the county.

Question 3: Are we will still eligible to respond and be selected if our workers' compensation coverage is \$500,000 for the items listed?

Answer 3: The County is willing to have the contract effort covered by Workers Compensation insurance at a \$500,000 level. That change is hereby made to Section 1.8 of the solicitation.

Question 4: Are will still eligible to respond, be selected, and perform the work without Professional Liability Insurance?

Answer 4: Professional Liability (Errors and Omissions) is required and in fact a lobbying firm

can purchase from many agents (and from the National Association of State Lobbyists)

Question 5: Can these insurance types and minimums be negotiated after selection? **Answer 5:** Although the RFP process allows for a certain degree of negotiation, substantive change to the insurance provisions stated in Section 1.8 of the solicitation is neither desired nor anticipated.

Acknowledgement of Addendum:	
Firm Name:	Date:
Signature:	Title:
Typed/Printed Name:	